

Declaration of Non-Commercial Purpose

This form is for individuals or organizations requesting public records from the Department of Retirement Systems.

Send completed form to:

Email drs.pdr@drs.wa.gov

Fax 360.753.3166

Mail Department of Retirement Systems
Attn: Public Disclosure Officer

PO Box 48380 • Olympia, WA 98504-8380

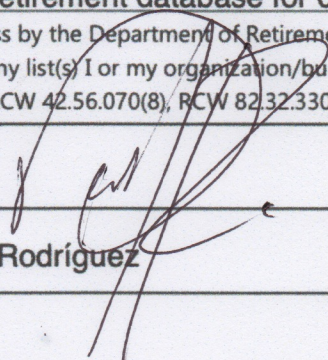
Requestor Information

Name of Individual Submitting the Request José Manuel Villa Rodríguez			
Mailing Address 1000 Denny Way, 6th Floor	City Seattle	State WA	ZIP 98109
Email Address mvilla@seattletimes.com		Phone Number 206-464-2262	
I am Requesting the List of Copy of the DRS retirement database for 07/01/19 - 06/30/20		<input type="checkbox"/> On my own personal behalf <input checked="" type="checkbox"/> On behalf of an organization or business	
If you are requesting the list on behalf of an organization or business, complete the following:			
Organization or Business Name The Seattle Times		Organization or Business Website Address https://www.seattletimes.com/	
Organization or Business Purpose Newspaper		The organization or business is a professional association or educational organization recognized by the professional licensing or examination board, and the request is for a list of applicants for professional licenses or professional licensees of the subject area of the association or organization <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Purpose of the Request

The Purpose of Making the Request is Journalism
I or the organization/business intend to <ul style="list-style-type: none"> • Generate revenue or financial benefit from using the list of individuals, taxpayers and/or persons <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No • Solicit money or financial support from any of the individuals, taxpayers and/or persons on the list <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No • Make individuals, taxpayers and/or persons on the list aware of business commercial entities, business/financial enterprises or business/financial opportunities <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No • Supply or sell the list of individuals, taxpayers and/or persons to another organization or business, third party individual, or other entity <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No *If Yes, to whom _____

Signature

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. I certify under penalty of perjury that I have read the information provided with this declaration and I understand that a list of _____ copy of the DRS retirement database for 07/01/19 - 06/30/20 cannot be provided to me, or to my organization/business by the Department of Retirement Systems if the list will be used for a commercial purpose. I certify under penalty of perjury that any list(s) I or my organization/business receive pursuant to this request, will not be used for any commercial purpose in violation of RCW 42.56.070(8), RCW 82.32.330(3)(k), or RCW 19.02.115(3)(g).		
Signature 	Date January 22, 2021	In (City, State) Seattle, WA
Printed Name José Manuel Villa Rodríguez	Title (if any) Data reporter	

